



KNOW YOUR RIGHTS

No matter what type of Medicare coverage you have, you have certain guaranteed rights. As a person with Medicare, you have the right to all of the following:

- Be treated with dignity and respect at all times
- Be protected from discrimination
- Have access to doctors, specialists, and hospitals
- Have your questions about Medicare answered
- Learn about all of your treatment choices and participate in treatment decisions
- Get information in a way you understand from Medicare, health care providers, and under certain circumstances, contractors
- Get emergency care when and where you need it
- Get a decision about health care payment or services, or prescription drug coverage
- Get a review of (appeal) certain decisions about health care payment, coverage of services, or prescription drug coverage
- File complaints (sometimes called grievances), including complaints about the quality of your care
- Have your personal and health information kept private

WHEN CAN I MAKE CHANGES TO MY COVERAGE?

You can make changes to your Medicare health or prescription drug coverage between November 15—December 31 each year. If you are eligible for a Medicare Advantage Plan, you can also join a Medicare Advantage Plan between January 1—March 31 each year. Depending on your situation, there may be other times when you can change your Medicare health or prescription drug coverage.

CAN I HAVE OTHER TYPES OF HEALTH INSURANCE?

Yes. You may already have health care coverage such as employer or retiree coverage or another type of health insurance. There are times when your other coverage or health insurance must pay before Medicare pays. Talk to your benefits administrator or insurance company to see how your other coverage or health insurance works with Medicare. If you have Original Medicare, you might also want to buy a Medigap (sometimes called “Medicare Supplement Insurance”) policy. A Medigap policy sold by private insurance companies can help cover some of the health care costs (“gaps”) that Original Medicare doesn’t cover, like copayments, coinsurance, and deductibles.

CENTERS FOR MEDICARE & MEDICAID SERVICES

PROTECT YOURSELF AND MEDICARE FROM BILLING FRAUD

Most doctors, pharmacists, plans, and other health care providers who work with Medicare are honest. Unfortunately, there may be some who are dishonest. Medicare is working with other government agencies to protect you and Medicare. Medicare fraud happens when Medicare is billed for services or supplies you never got.

If you believe a Medicare plan or provider has misled you, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Or, call the Inspector General’s hotline at 1-800-HHS-TIPS (1-800-447-8477). TTY users should call 1-800-377-4950.

WHERE CAN I GET MORE INFORMATION?

You can view or print free Medicare publications and find helpful phone numbers and Web sites by visiting www.medicare.gov or calling 1-800-MEDICARE.

Register at www.MyMedicare.gov, Medicare’s secure online service for accessing your personal Medicare information.

Medicare

GETTING STARTED



What You Should Know

ask Medicare

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GETTING STARTED

WHAT IS MEDICARE?

Medicare is health insurance for people who are 65 or older, people under 65 with certain disabilities, and people with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a transplant).



WHAT'S COVERED?

Medicare Part A (Hospital Insurance)

- Helps cover inpatient care in hospitals
- Helps cover skilled nursing facility, hospice, and home health care

Medicare Part B (Medical Insurance)

- Helps cover doctors' services and outpatient care
- Helps cover some preventive services to help maintain your health and to keep certain illnesses from getting worse

Medicare Part C (Medicare Advantage Plans, like an HMO or PPO)

- A way to get your Medicare benefits through private companies approved by Medicare
- Includes Part A and Part B benefits, and in most cases, Part D prescription drug coverage
- Usually provides additional benefits that Original Medicare doesn't cover for an extra cost

Medicare Part D (Medicare Prescription Drug Coverage)

- Helps cover the cost of prescription drugs
- May help lower your prescription drug costs and help protect against higher costs in the future

More details are available in the "Medicare & You" booklet. "Medicare: Getting Started" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

WHAT ARE MY MEDICARE CHOICES?

Original Medicare

- Run by the Federal government.
- Provides your Part A and/or Part B coverage.
- You can go to any doctor or hospital that accepts Medicare.
- You can join a Medicare Prescription Drug Plan to add drug coverage.
- You can buy a Medigap (Medicare Supplement Insurance) policy to help fill the gaps in Part A and Part B.

Medicare Advantage Plans (like an HMO or PPO)

- Run by private insurance companies approved by and under contract with Medicare.
- Provides your Part A and Part B coverage but can charge different amounts for certain services. May offer extra coverage and prescription drug coverage, sometimes for an extra cost. **Costs for items and services vary by plan.**
- If you want drug coverage, you must get it through your plan (in most cases).
- You don't need and can't use a Medigap policy with a Medicare Advantage Plan.

Other Medicare Health Plans

- Plans that aren't Medicare Advantage Plans but are still part of Medicare.
- Include Medicare Cost Plans, Demonstration/Pilot Programs, and Programs of All-inclusive Care for the Elderly (PACE).
- Most plans provide Part A and Part B coverage, and some also provide prescription drug coverage (Part D).

WHAT ARE MY MEDICARE CHOICES? (CONTINUED)

Medigap (Medicare Supplement Insurance) Policies

- Private insurance that helps cover some of the health care costs ("gaps") that Original Medicare doesn't cover, like copayments, coinsurance, and deductibles
- May also offer coverage for some services that Medicare doesn't cover, like medical care when you travel outside the U.S.

If you have Original Medicare and you buy a Medigap policy, both will pay their share of Medicare-approved amounts for covered health care costs. Medicare doesn't pay any of the costs for a Medigap policy.

WHAT DO I PAY?

You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working. If you aren't eligible for premium-free Part A, you may be able to buy it.

You pay the Part B deductible and a monthly premium which may depend on your yearly income and when you sign up for Part B.

If you sign up for a Medicare Advantage Plan, you still pay the monthly Part B premium and the Medicare Advantage Plan's premium if it charges one.

If you get your prescriptions filled with a Medicare Prescription Drug Plan, you may have to pay a copayment, coinsurance, and/or deductible if the plan charges any. Each drug plan can vary in cost and drugs covered.

If you have limited income and resources, you might qualify for help to pay for some health care and prescription drug costs.

www.medicare.gov

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